



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

3

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

2014 OCT 15 PM 4:04

IS THIS AN AMENDMENT? ☐ Yes ☒ No PEGGY BEAVER
CLERK
HAMILTON COUNTY COURTS

COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

FRIENDS OF CHRISTINE ALTMAN

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 575-0599

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

PO BOX 108

5. City, State, ZIP Code

CARMEL, IN 46082

6. Party Affiliation (if applicable)

REPUBLICAN

CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

CHRISTINE ALTMAN

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

HAMILTON CUNTY COMMISSIONER,DISTRICT 1

10. County of Residence HAMILTON

TYPE OF REPORT

CONVENTION CANDIDATES ONLY

11. Check one:

☐ Pre-Primary ☒ Pre-Election ☐ Annual ☐ Nomination ☐ Other
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

☐ Pre-Convention
☐ Post-Convention

12. Reporting Period:

From: 04/01/2014 (Note that prior report covered through 4/15/2014) Through: 10/10/2014

COLUMN A
This Period

COLUMN B
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

125,429

14. Cash on hand and investments January 1, current year.

134,071

CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

125,429

134,071

EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

1,940

10,582

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

10,582

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

123,489

123,489

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

VERIFICATION

OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE

Date

10/15/2014

or sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly
person who fails to file a complete or accurate report as required by the Indiana
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

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(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <i>(Street number, city, state, ZIP code)</i>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <i>(be specific)</i>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> TORR FOR REPRESENTATIVE HAZELDELL PARKWAY CARMEL, IN 46033	STATE REP.	X <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	1000.00	1000.00	4/28/14
Code <u>C</u> INDIANA REP STATE COMMITTEE 47 S MERIDIAN ST INDIANAPOLIS IN 46204	POLITICAL PARTY	X <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: DELEGATE FEE	80.00	80.00	5/16/14
Code <u>C</u> PREVAIL 1100 S 9 TH ST NOBLESVILLE, IN 46060	ADVOCATES FOR VICTIMS OF CRIMES	X <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: CONTRIBUTION	100.00	100.00	8/5/14
Code <u>A</u> POINDEXTER FOR JUDGE WILDCAT DR CARMEL, IN	JUDGE	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: REIMBURSE COSTS OF 4 TH OF JULY PARADE	300.00	300.00	8/5/14
Code <u>A</u> MATT THE MILLERS 11 CITY CENTER CARMEL IN 46032	RESTAURANT	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: GIFT CARD FOR DRIVER/OWNER 4 TH OF JULY PARADE	100.00	100.00	8/5/14
Code <u>C</u> Conner Prairie Interactive History Park 13400 Allisonville Road Fishers, IN 46038	INTERACTIVE HISTORY PARK	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT	150.00	1450.00	9/12/14
SUBTOTAL THIS PAGE OF SCHEDULE C			1730.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <i>(Enter total on ITEM 17a of the Summary Sheet)</i>					



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Page 2 of 2

RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <small>(be specific)</small>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u> C </u> Upper White River Watershed Alliance PO Box 2065 Indianapolis, IN 46208-2065	WATERSHED ALLIANCE	X <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT	100.00	100.00	9/16/14
Code <u> C </u> Hamilton County Federated Republican Women's Club 10890 Chapel Wood Blvd S Noblesville, IN 46060	POLITICAL CLUB	X <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: EVENT AND SPONSORSHIP	110.00	635.00	10/2/14
Code _____		X <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE C			210.00		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet)</small>			1940.00		